Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

☐ Judgment lien from a lawsuit

Other (including a right to offset)

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At least one of the debtors and another

 Check if this claim relates to a community debt

Debtor 1 Edward Ry	an Church		Case number (if know)	1-18-10683	
First Name	Middle N	lame Last Name			
	= 0 0040				
	5-9-2018				
Data dalikana basasad	Proof of	Last 4 digits of account number P. of C	Claim		
Date debt was incurred	Claim	Last 4 digits of account number P. Of C			
2.1 Manufacturers	and				
4 Traders Trust		Describe the property that secures the claim:	\$54,045.00	\$94,200.00	\$0.00
Creditor's Name		195 Long Point Dr. Machias, NY			
c/o anthony R.	Hanley,	14086 Cattaraugus County			
Esq.	a variable and a vari	Water Front Property			
5701 west Gen	esee	As of the date you file, the claim is: Check all that			
Street		apply.			
Camillus, NY 1	3031	☐ Contingent			
Number, Street, City, St	tate & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the debt? C	heck one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or see	cured		
Debtor 2 only		car loan)	00.00		
Debtor 1 and Debtor 2		Statutory lien (such as tax lien, mechanic's lien)			
At least one of the deb		☐ Judgment lien from a lawsuit			
☐ Check if this claim re community debt	lates to a	Other (including a right to offset)			
community debt					
	P. of Claim	\$2°055604			
Date debt was incurred	2017	Last 4 digits of account number 4998			
2.1			A4 007 00	6440 007 00	20.00
5 Mr. Cooper		Describe the property that secures the claim:	\$4,667.00	\$116,837.00	\$0.00
Creditor's Name		242 Broad Bay Circle Machias, NY			
		14101 Cattaraugus County			
		Water Front Property To be sold			
8950 Cypress	Waters	by debtor to fund plan			
Blvd.		As of the date you file, the claim is: Check all that apply.			
Coppell, TX 75	019	☐ Contingent			
Number, Street, City, S		☐ Unliquidated			
Hamber, Garder, Grey, G	idio di Elp oodo	☐ Disputed			
Who owes the debt? C	heck one	Nature of lien. Check all that apply.			
_	neok one.		Contract of		
Debtor 1 only		An agreement you made (such as mortgage or se	curea		
Debtor 2 only		car loan)			
☐ Debtor 1 and Debtor 2	only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the deb	tors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim re	lates to a	Other (including a right to offset)			
community debt					
	Proof of				
Date debt was incurred	Claim 2018	Last 4 digits of account number 7828			
	Oldini 2010				
2.1					
6 Richard Young	g	Describe the property that secures the claim:	\$16,500.00	\$0.00	\$16,500.00
Creditor's Name		Inherited money from Estate of N.			
		JoyceAmount Unkown. Upon			
		information and belief: exact			
		amount is yet TBD and funds are			
		held in escrow by attorney; and Mr.			
		Richard Young has a secured			
		interest in the amount of \$16,500.			
1 Packway		As of the date you file, the claim is: Check all that			
Lancaster, NY	14086	apply.  ☐ Contingent			
Number, Street, City, S		☐ Unliquidated			
Official Form 106D	Addition	al Page of Schodule D. Creditors Who Have Cl	nime Secured by Bron	ortv	page 6 of

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page o or o

Debto	1 Edward Ryan Church		Case num	ber (if know)	1-18-10683	
	First Name Middle N	ame Last Name				
		-				
Who c	wes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
	otor 1 only otor 2 only	An agreement you made (such as mortgage or se car loan)	ecured			
	otor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
	east one of the debtors and another	☐ Judgment lien from a lawsuit				
11 CO. 10 CO.	eck if this claim relates to a	Other (including a right to offset)				
	mmunity debt		-			
Date d	ebt was incurred July 2017	Last 4 digits of account number				
		-				
2.1	Seterus, Inc.	Describe the property that secures the claim:	\$7	1,139.00	\$125,000.00	\$0.00
-	Creditor's Name	15 Anna Drive Lancaster, NY 14086				
3	o B.I III O	Property has been referred for				
	Gross Polowy, LLC 1775 Wehrle Drive, Suite	foreclosure				
	100	As of the date you file, the claim is: Check all that				
	Buffalo, NY 14221-7093	apply.  Contingent				
-	Number, Street, City, State & Zip Code	☐ Unliquidated				
		Disputed				
Who	owes the debt? Check one.	Nature of lien. Check all that apply.				
■ De	otor 1 only	An agreement you made (such as mortgage or seement)	ecured			
	btor 2 only	car loan)				
	btor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
_	east one of the debtors and another	☐ Judgment lien from a lawsuit				
□ Ch	eck if this claim relates to a	Other (including a right to offset)				
cc	mmunity debt					
Date o	ebt was incurred	Last 4 digits of account number				
Add	the dollar value of your entries in C	Column A on this page. Write that number here:		\$1,039,484	.07	
	is is the last page of your form, add e that number here:	the dollar value totals from all pages.		\$1,039,484	.07	
Part 1	List Others to Be Notified for	or a Debt That You Already Listed				
liee th	is page only if you have others to l	be notified about your bankruptcy for a debt that yo	ou already lis	ted in Part 1. F	or example, if a collection	agency is
taring	to collect from you for a debt you	owe to someone else list the creditor in Part 1, and	then list the	collection age	ncv here. Similarly, if you	nave more
than o	in Part 1, do not fill out or submit to	it you listed in Part 1, list the additional creditors he his page.	ere. II you ac	not have addi	uonai persons to be noun	ed for ally
		1 1 1 1				
Ш	Name, Number, Street, City, State &	Zip Code On w	hich line in Pa	art 1 did you ent	er the creditor? 2.2	
	Alden State Bank	9.0				
	Steven J. Woodard, VP 13216 Broadway, PO Box 2		4 digits of acc	ount number		
	Alden, NY 14004-0238	200				
ш	Name, Number, Street, City, State &	Zip Code On w	hich line in Pa	art 1 did you ent	er the creditor? 2.4	
	Citizen One Home Loans P.O. Box 42111	Last	A digite of acc	ount number_		
	Providence, RI 02940-2111		- digita or acc		_	
		6				
	Name, Number, Street, City, State &	Zip Code On w	hich line in Pa	art 1 did you ent	er the creditor? 2.4	
	Citizens One Home Loans 10561 Telegraph Road	I act	4 digits of acc	count number		
	Glen Allen, VA 23059	Lust				

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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Best Case Bankruptcy

Debto	r 1 Edward Ryan Church	197 190	Case number (if know)	1-18-10683
_	First Name Middle Name	Last Name		
	Name, Number, Street, City, State & Zip Code Cooper Erving & Savage LLP 39 North Pear St. Albany, NY 12207-2797		On which line in Part 1 did you enter Last 4 digits of account number	201-1-10-1-10-10-10-10-10-10-10-10-10-10-
	Name, Number, Street, City, State & Zip Code Erie County Sheriff's Office Attn: Deputy Daniel Zlotek Civil Enforecement Division 134 W. Eagle Street., 4th Floor Buffalo, NY 14202		On which line in Part 1 did you ente	
	Name, Number, Street, City, State & Zip Code Jack O'Neill 2952 Seneca Street Buffalo, NY 14224		On which line in Part 1 did you enter Last 4 digits of account number	
	Name, Number, Street, City, State & Zip Code Law offices of Jennifer Hurley 390 Elmwood Avenue Buffalo, NY 14222		On which line in Part 1 did you ento	2018 - 2018 - 1018 - 1 <del>118 - 11</del>
	Name, Number, Street, City, State & Zip Code M & T Bank 475 Cross Point Pkwy Getzville, NY 14068		On which line in Part 1 did you ento	
	Name, Number, Street, City, State & Zip Code Manufacturers and Traders Trust C P. O. Box 619063 Dallas, TX 75261-9063	ompany	On which line in Part 1 did you ent	
	Name, Number, Street, City, State & Zip Code Nationstar Mortgage LLc d/b/a Mr. PO Box 619096 Dallas, TX 75261-9741	Cooper	On which line in Part 1 did you ent	
	Name, Number, Street, City, State & Zip Code Seterus PO Box Hartford, CT 06143-1077		On which line in Part 1 did you ent  Last 4 digits of account number	

Fill in this information to								
Debtor 1 Edwarfirst Na	ard Ryan Chur	rch Middle Name	Last Name	9				
Debtor 2								
(Spouse if, filing) First Na	ame	Middle Name	Last Name	Э				
United States Bankruptcy	Court for the:	WESTERN DISTRICT	OF NEW YORK					
Case number 1-18-106	683							
(if known)						☐ CI	heck if this is ar	n
	440 April 1990					ar	mended filing	
Official Form 106	=/F							
Schedule E/F: Cr	The state of the s	no Have Unse	cured Claims	s			12/1	5
le as complete and accurate					creditors with NON	PRIORITY clain	ns. List the othe	r party to
	priority unsecured	claims against you?						
☐ No. Go to Part 2.  ■ Yes.	unsecured claims. n it is. If a claim has n alphabetical order	both priority and nonprio according to the creditor'	rity amounts, list that o s name. If you have m	claim here an	d show both priority a	ind nonpriority a	mounts. As much	as
<ul> <li>No. Go to Part 2.</li> <li>■ Yes.</li> <li>2. List all of your priority or identify what type of claim possible, list the claims in Part 1. If more than one of</li> </ul>	unsecured claims. n it is. If a claim has, n alphabetical order creditor holds a part	If a creditor has more that both priority and nonprio according to the creditor'	rity amounts, list that of s name. If you have m creditors in Part 3.	claim here an nore than two	d show both priority a	ind nonpriority a	mounts. As much	as e of
<ul> <li>No. Go to Part 2.</li> <li>■ Yes.</li> <li>List all of your priority or identify what type of clain possible, list the claims in Part 1. If more than one of (For an explanation of each)</li> </ul>	unsecured claims. n it is. If a claim has, n alphabetical order creditor holds a part	If a creditor has more that both priority and nonprior according to the creditor icular claim, list the other se the instructions for this	rity amounts, list that of s name. If you have m creditors in Part 3. form in the instruction	claim here an hore than two booklet.)  P. of	d show both priority a priority unsecured cla Total claim	aims, fill out the  Priority amount	mounts. As much Continuation Pag  Nonpriori amount	as e of ty
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Schedule E/F: Creditors Who Have Unsecured Claims

8 1 4 4

Best Case Bankruptcy

Page 1 of 6

Debtor 1	Edward Ryan Church		Case number (if know)	1-18-10683	
	IYS Dep't of Taxation & Finance	Last 4 digits of account number	Unknown	\$0.00	\$0.00
7° S	7 Broadway uite 112	When was the debt incurred?	2015,2016,2017 Income taxes-nominal	_	
	Suffalo, NY 14203-1670 umber Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply		
	incurred the debt? Check one.	☐ Contingent			
<b>■</b> D	ebtor 1 only	☐ Unliquidated			
	ebtor 2 only	☐ Disputed			
277	bebtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	m:		
222	t least one of the debtors and another	☐ Domestic support obligations			
100000000000000000000000000000000000000		■ Taxes and certain other debts y	ou owe the government		
	theck if this claim is for a community debt e claim subject to offset?	Claims for death or personal inj			
IS UR	6 190 TAN AN AN ANASAN TAN TAN TAN AN A	Other. Specify	.,		
□ Y			Income taxes		_
□ No	U of come manufacility upgooured claims in the	this form to the court with your other	vho holds each claim. If a credi	itor has more than one	e nonpriority
□ No ■ Ye	o. You have nothing to report in this part. Submit is.  If of your nonpriority unsecured claims in the ured claim, list the creditor separately for each cone creditor holds a particular claim, list the other	this form to the court with your other statements of the creditor	who holds each claim. If a credi	claims fill out the Con	inuation Page of
Ye  List al unsection of than o	o. You have nothing to report in this part. Submit is.  If of your nonpriority unsecured claims in the ured claim, list the creditor separately for each cone creditor holds a particular claim, list the other	this form to the court with your other statements of the creditor	who holds each claim. If a credi	claims fill out the Con	Illi Part I. Il more
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Ye  List al unsection of Part 2  H.1  EN  F  V	o. You have nothing to report in this part. Submit is.  If of your nonpriority unsecured claims in the ured claim, list the creditor separately for each come creditor holds a particular claim, list the other.  Bank of America Ronpriority Creditor's Name P.O. Box 15019  Wilmington, DE 19886	e alphabetical order of the creditor laim. For each claim listed, identify with creditors in Part 3.If you have more to Last 4 digits of account number when was the debt incurred?	who holds each claim. If a credi at type of claim it is. Do not list c nan three nonpriority unsecured of er 7809	claims fill out the Con	invalion Page of
□ No ■ Ye  I. List al unsect than o Part 2  4.1  E N  V	o. You have nothing to report in this part. Submit is.  If of your nonpriority unsecured claims in the ured claim, list the creditor separately for each come creditor holds a particular claim, list the other claims.  Bank of America Ronpriority Creditor's Name P.O. Box 15019  Wilmington, DE 19886  Number Street City State ZIp Code	e alphabetical order of the creditor laim. For each claim listed, identify with creditors in Part 3.If you have more to Last 4 digits of account number when was the debt incurred?	who holds each claim. If a credi at type of claim it is. Do not list c nan three nonpriority unsecured of er 7809	claims fill out the Con	invalion Page of
Ye  I List al unsection of Part 2  4.1  E  N  V  V	D. You have nothing to report in this part. Submit is.  If of your nonpriority unsecured claims in the ured claim, list the creditor separately for each come creditor holds a particular claim, list the other claim.  Bank of America Ronpriority Creditor's Name P.O. Box 15019  Wilmington, DE 19886  Rumber Street City State Zlp Code  Who incurred the debt? Check one.	this form to the court with your other stands alphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.If you have more to Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim to the count of the claim to the count of the claim to the claim to the count of the claim to the count of the claim to the	who holds each claim. If a credi at type of claim it is. Do not list c nan three nonpriority unsecured of er 7809	claims fill out the Con	invalion Page of
Ye  I. List al unsect than o Part 2  4.1  EN  F  V  N  C	Debtor 1 only	e alphabetical order of the creditor laim. For each claim listed, identify will creditors in Part 3.If you have more to Last 4 digits of account number.  When was the debt incurred?  As of the date you file, the claim Contingent.  Unliquidated  Disputed	who holds each claim. If a credical type of claim it is. Do not list chan three nonpriority unsecured of the control of the co	claims fill out the Con	invalion Page of
Ye  4. List al unsect than oo Part 2  4.1 EN	Il of your nonpriority unsecured claims in the ured claim, list the creditor separately for each cone creditor holds a particular claim, list the other cl	this form to the court with your other stalphabetical order of the creditor laim. For each claim listed, identify with creditors in Part 3.If you have more to Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsections.	who holds each claim. If a credical type of claim it is. Do not list chan three nonpriority unsecured of the control of the co	claims fill out the Con	invalion Page of
Ye  4. List al unsection than on Part 2  4.1 E  N  F  V  I  I  I  I  I  I  I  I  I  I  I  I	A. You have nothing to report in this part. Submit is.  If of your nonpriority unsecured claims in the ured claim, list the creditor separately for each come creditor holds a particular claim, list the other concepts of the control	this form to the court with your other stalphabetical order of the creditor laim. For each claim listed, identify with creditors in Part 3.If you have more to Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim contingent.  Unliquidated Disputed Type of NONPRIORITY unsections.	who holds each claim. If a credical type of claim it is. Do not list chan three nonpriority unsecured of the control of the co	To	invalion Page of
□ No ■ Ye  I. List al unsect than o Part 2  4.1  EN N N I I I I I I I I I I I I I I I I	Bank of America Roppriority Creditor's Name P.O. Box 15019 Wilmington, DE 19886 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	this form to the court with your other stands alphabetical order of the creditor laim. For each claim listed, identify with creditors in Part 3.If you have more to Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim contingent Unliquidated Disputed  Type of NONPRIORITY unsections Student loans Obligations arising out of a	who holds each claim. If a credical type of claim it is. Do not list chan three nonpriority unsecured of the control of the co	To	invation Page of
Ye  4. List al unsect than o Part 2  4.1 EN	Il of your nonpriority unsecured claims in the ured claim, list the creditor separately for each cone creditor holds a particular claim, list the other.  Bank of America Ronpriority Creditor's Name P.O. Box 15019  Wilmington, DE 19886 Rumber Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	this form to the court with your other stalphabetical order of the creditor laim. For each claim listed, identify we creditors in Part 3.If you have more to Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim count in Contingent Unliquidated Disputed  Type of NONPRIORITY unserting of Student loans  Obligations arising out of a report as priority claims	who holds each claim. If a credical type of claim it is. Do not list chan three nonpriority unsecured of the control of the co	that you did not	invalion Page of
Ye  4. List al unsect than o Part 2  4.1 EN	Bank of America Roppriority Creditor's Name P.O. Box 15019 Wilmington, DE 19886 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	this form to the court with your other stalphabetical order of the creditor laim. For each claim listed, identify we creditors in Part 3.If you have more to Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim count in Contingent Unliquidated Disputed  Type of NONPRIORITY unserting of Student loans  Obligations arising out of a report as priority claims	who holds each claim. If a credical type of claim it is. Do not list chan three nonpriority unsecured of the second of the secon	that you did not	inuation Page of

Schedule E/F; Creditors Who Have Unsecured Claims

Page 2 of 6

Debtor 1	Edward Ryan Church		Case number (if know)	1-18-10683	
	Cavalry SPV I, LLC Nonpriority Creditor's Name	Last 4 digits of account number	P.of Claim	-	\$1,290.00
	500 Summit Lake Drive, Ste 400 Valhalla, NY 10595-1340	When was the debt incurred? Proof of Claim 2017			
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	<ul> <li>Obligations arising out of a sep report as priority claims</li> </ul>	aration agreement or divorce th	nat you did not	
	■ No	☐ Debts to pension or profit-shari	ng plans, and other similar deb	ts	
	Yes	Other. Specify Proof of C	laim 2017 (synchrony E	Bank)	
	Charles Horning Nonpriority Creditor's Name	Last 4 digits of account number			\$9,000.00
	266 Main Street Arcade, NY 14009	When was the debt incurred?	11/14/2016		
1	Number Street City State ZIp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	paration agreement or divorce the	nat you did not	
	■ No	☐ Debts to pension or profit-shari	ing plans, and other similar deb	ts	
		Wyoming Historic A Debtor, re Friend, Ch	Street Arcade, NY 1400 County rcade Hotel -50% owne maining 50% owned by arles Horning. Debtor e from this property; Pr	ed by Debtor's receives	
	☐ Yes		vestment only.		
4.4	Citi	Last 4 digits of account number	8546		\$8,187.00
	Nonpriority Creditor's Name PO Box 790040	When was the debt incurred?			
7	Saint Louis, MO 63179  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	(E)	55.5		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	paration agreement or divorce to	hat you did not	
	No	Debts to pension or profit-shar	ing plans, and other similar deb	ots	
	□ Yes	■ Other. Specify Credit car			
	160	Other. Specify	<b>4</b>		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 6

ebtor 1 Edward Ryan Church	The second secon	Case number (if know)	1-18-10683	
5 IRS	Last 4 digits of account number	P. of Claim		\$409.00
Nonpriority Creditor's Name Insolvency Group 1 Niagara Center, 2nd Floor 130 South Elmwood Buffalo, NY 14202	solvency Group 1 When was the debt incurred? 5-9-2018 Proof of Claim iagara Center, 2nd Floor 30 South Elmwood		Claim	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	■ Disputed  Type of NONPRIORITY unsecure  Student loans  Obligations arising out of a sep		s that you did not	
Is the claim subject to offset?  No	report as priority claims  Debts to pension or profit-shari			
Yes	Other. Specify Taxes owe	d		
Key Bank Nonpriority Creditor's Name 4910 Tiedeman Road	Last 4 digits of account number When was the debt incurred?	P. of Claim		\$52,202.95
Cleveland, OH 44144  Number Street City State ZIp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
Debtor 1 only	☐ Contingent			
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure	od alaim:		
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sep		e that you did not	
Is the claim subject to offset?  No	Debts to pension or profit-shar			
Yes	Other. Specify Proof of C	laim 2018 Credit Car	rd	
National Fuel Nonpriority Creditor's Name	Last 4 digits of account number	7601		\$1,641.00
PO Box 4103 Buffalo, NY 14264	When was the debt incurred?	2017-2018		
Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
Debtor 1 only	Contingent			
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:		
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a seperate priority claims	paration agreement or divorc	e that you did not	
Is the claim subject to offset?  ■ No	Debts to pension or profit-shar	ing plans, and other similar of	debts	
Yes	■ Other. Specify Utility bill	for restaurant	1.00	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 6

DOD.0	Edward Ryan Church		Case number (if know) 1-18-10683	
	Portfolio Recovery Associates LLC Nonpriority Creditor's Name	Last 4 digits of account number	P. of Claim	\$1,342.42
	PO Box 41067	When was the debt incurred?		
5	Norfolk, VA 23541-1067 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	At least one of the dectors and another     Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Proof of Cl. Credit Card	aim 2018 Capital One Bank	
	Roger Hoffman Nonpriority Creditor's Name	Last 4 digits of account number	2018	\$5,000.00
	139 Sawyer Ave Depew, NY 14043	When was the debt incurred?	P. of Claim 2018	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	□Yes	(Restaura	Ave Lancaster, NY  nt); this property is the subject of viding an option to tenant to rent a purchase price of \$475,000.	
4.1	Synchrony Bank c/o PRA	Last 4 digita of account number	P. of Claim	\$1,994.0
0	Receivables Manag Nonpriority Creditor's Name	Last 4 digits of account number	1.010101111	\$ 1,00 H.C
	PO Box 41021 Norfolk, VA 23541-1021	When was the debt incurred?	10/2016	
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	☐ Student loans	#UROFFEETE	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-shari		
	Yes	■ Other Specify Proof of C Funding)	aim 2018 Sam's Club (Midland	

Schedule E/F: Creditors Who Have Unsecured Claims

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5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?	
Midland Credit Management	Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
P O Box 2011 Warren, MI 48090		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part :	2 did you list the original creditor?	
PRA Receivables Management, LLC	Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
PO Box 41021 Norfolk, VA 23541-1021		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?	
Sherman Originator III LLC	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
c/o Resurgent Capital		■ Part 2: Creditors with Nonpriority Unsecured Claims	
PO Box 10497			
Greenville, SC 29603	Last 4 digits of account number		

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				1	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
rom Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	10,703.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	10,703.00
				348424.20	Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	95,445.37
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	95,445.37

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Page 6 of 6

Fill in this infor	mation to identify your	case:		
Debtor 1	Edward Ryan Ch	urch		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT O	OF NEW YORK	
Case number	1-18-10683			
(if known)				☐ Check if this is an amended filing

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

Skoob's Village Grill Inc. Lori Skubis Buffalo, NY 14219

66 month lease for restuarant building with option to renew and/or purchase. Rent is \$3,800 per month commencing on the issuance of a liquor license, anticipated approximately June 1, 2018 to the Tenant.

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Fill in th	is information to identify your	case:			
Debtor 1	Edward Ryan Chu First Name	Middle Name	Last Name		
Debtor 2 (Spouse if,		Middle Name	Last Name		
	tates Bankruptcy Court for the:	WESTERN DISTRICT OF NEW			
		THE STATE OF THE S			
Case nui (if known)	mber 1-18-10683				Check if this is an
					amended filing
Officia	al Form 106H				
	dule H: Your Cod	ebtors			12/15
00110	adio III I odi oda	0.01010			
people a	re filing together, both are equ	re also liable for any debts you ally responsible for supplying c boxes on the left. Attach the Ac . Answer every question.	orrect information. If more	space is needed, co	opy the Additional Page,
1. D	o you have any codebtors? (If	you are filing a joint case, do not li	st either spouse as a codebt	or.	
ПΝ	0				
■ Y	es				
		lived in a community property Nevada, New Mexico, Puerto Ric			nd territories include
■ N	lo. Go to line 3.				
□Y	es. Did your spouse, former spo	use, or legal equivalent live with yo	ou at the time?		
in li For	ne 2 again as a codebtor only i	ors. Do not include your spouse f that person is a guarantor or o I Form 106E/F), or Schedule G (0	osigner. Make sure you ha	ave listed the credito	or on Schedule D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		n 2: The creditor to all schedules that ap	whom you owe the debt ply:
3.1	R.E.L.B. Inc.		■ Sch	nedule D, line 2.	11
700	50 Central Avenue			edule E/F, line	the state of the s
	Lancaster, NY 14086			edule G	
			Georg	e Pittas	
3.2	R.E.L.B. Inc.		■ Sch	nedule D, line 2.	1
	50 Central Avenue			nedule E/F, line	
	Lancaster, NY 14086			nedule G	
			235 C	arter Street LLC	
		30			
3.3	R.E.L.B. Inc.		■ Sch	nedule D, line 2.	12
	50 Central Avenue		☐ Sch	nedule E/F, line	
	Lancaster, NY 14086		☐ Sch	nedule G	
			Georg	je Pittas	
_					

Official Form 106H Software Copyright (c) 1996-2017 Best Case, LLC - www.bestcase.com Schedule H: Your Codebtors

Page 1 of 1 Best Case Bankruptcy

Fill	n this information to identify your ca	se:							
Deb	tor 1 Edward Ryan	n Church			_				
1	otor 2				-				
Unit	ed States Bankruptcy Court for the:	WESTERN DISTRICT	OF NEW YOR	RK					
	e number 1-18-10683					Check if this is:			
(If kn	own)					☐ An amended		postpetition chapter	
						13 income a			
Of	fficial Form 106I					MM / DD/ YY	/YY		
	chedule I: Your Inco							12/15	
supp spot attac	s complete and accurate as possolying correct information. If you use. If you are separated and you ch a separate sheet to this form. (	are married and not filir r spouse is not filing wi	ng jointly, and th vou, do not	your spouse is t include inform	s living nation	y with you, inclu about your spo	de informa use. If mor	ation about your re space is needed,	
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-fili	ng spouse	
	If you have more than one job,		■ Employee	d		☐ Emplo	yed		
attach a separate page with information about additional	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not en	☐ Not employed		
	employers.	Occupation	Job1)Barte	ender/Server	2) reta	ail			
	Include part-time, seasonal, or self-employed work.	Employer's name	Job1) App Wild Horse	lebees Resta e	urant	2)			
	Occupation may include student or homemaker, if it applies.	Employer's address		West LLC 2) I. Ste 600 Eas					
		How long employed to		egan Job 1) 5 /2018	/2018	2)			
Par	t 2: Give Details About Mor	nthly Income							
spot	mate monthly income as of the dause unless you are separated.  u or your non-filing spouse have more space, attach a separate sheet to	ore than one employer, co							
					F	or Debtor 1	For Deb non-filin	tor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (b calculate what the monthl	efore all payro ly wage would	ll be. 2.	\$_	2,347.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$_	2,347.00	\$	N/A	

page 1

				For	Debtor 1	3-77 R270 R880	Debtor 2 or -filing spouse
	Cop	y line 4 here	4.	\$	2,347.00	\$	N/A
5.		all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	419.00	\$	N/A
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A
	5e.	Insurance	5e.	\$	0.00	\$	N/A
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A
	5g.	Union dues	5g.	\$	0.00	\$	N/A
	5h.	Other deductions. Specify:	5h.+	-	0.00	- \$	N/A
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	s	419.00	\$	N/A
			7.	\$		\$	
7.		rulate total monthly take-home pay. Subtract line 6 from line 4.	7.	<b>»</b> —	1,928.00	Φ	N/A
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	1,142.00	\$	N/A
	8b.	Interest and dividends	8b.	<u>«</u> —	0.00	\$	N/A
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A
	8e.	Social Security	8e.	\$	0.00	\$	N/A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	N/A
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A
	8h.	Other monthly income. Specify: state and federal tax refunds	8h.+	\$	4.00	+ \$	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,146.00	\$	N/A
		1117 7 7 7 6	10 6		2 074 00 1 8		N/A = \$ 3.074.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,074.00 + \$		N/A = \$ 3,074.00
11.	Inclu	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depen				Schedule J. 11. +\$ 0.00
12.	Add Write appl	the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies	ult is th in Liabi	ne com lities a	nbined monthly in and Related <i>Data</i>	come.	12. \$ 3,074.00
							Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

Yes. Explain:

NOT noted above: Debtor closed his restaurant business in April 2018 and also in April 2018 leased the property to Skoobs Village Grill Inc. The lease payments are currently held in escrow by the tenant's attorney. Mark Aquino, until an order of the Bankrupcty Court permits distribution. The amount of monthly income may be subject to a claim by the Brother's Trust, co-owner of the property. Tenant pays all the post-petition real property taxes.

The above net business income reflects income from Debtor's anticipated real estate agent commissions and rental income. A seperate Income and Expense schedule for each business and property (other than residence and time share) is attached.

Debtor began employment at Applebees restaurant (shown above) on 5/1/18 and also began a second part-time job at retail liqour store (also shown above) in May 2018. Income from both jobs are noted in wages above.

Fill	n this information to identify your case:				
Debi	or 1 Edward Ryan Church		Check	if this is:	
Debt			20 Table 2000	n amended filing	ttiti
	use, if filing)			3 expenses as of th	ng postpetition chapter e following date:
Unite	ed States Bankruptcy Court for the: WESTERN DISTRICT OF NEW YO	ORK	N	MM / DD / YYYY	
Case	e number 1-18-10683				
1	nown)				
Of	ficial Form 106J				
So	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married people are rmation. If more space is needed, attach another sheet to this for his formation.  Answer every question.	filing together, both a orm. On the top of any	are equal addition	lly responsible for nal pages, write yo	supplying correct ur name and case
Par 1.	Describe Your Household Is this a joint case?				
	■ No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses in the second		of Debto	or 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Sill out this information for each dependent	Dependent's relationsl Debtor 1 or Debtor 2	nip to	Dependent's age	Does dependent live with you?
	Do not state the	E everyth (C.) Parce by 1980.		Control of the last of the las	□No
	dependents names.				Yes
					□ No □ Yes
				-	□ No
					□ Yes
					□ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No				
Est	Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your benses as of a date after the bankruptcy is filed. If this is a suppleblicable date.	ou are using this form emental Schedule J, o	as a sup check the	oplement in a Chap e box at the top of	oter 13 case to report the form and fill in the
	lude expenses paid for with non-cash government assistance if	vou know			
the	value of such assistance and have included it on Schedule I: You	our Income		Vour evne	
(Of	ficial Form 106l.)		10000000	Your expe	11505
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage	4. \$	S	0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		400.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		200.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
	4d. Homeowner's association or condominium dues		4d. \$		0.00
5.	Additional mortgage payments for your residence, such as hor	ne equity loans	5. \$		0.00

page 1

Ball Electricity, heat, natural gas   6a. \$   180.00	Deb	tor 1 Edwa	d Ryan Church	Case numb	per (if known)	1-18-10683
8a. Electricity, heat, natural gas 8b. Water, sewer, garbage collection 6b. \$ 20,00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 200,00 6d. Other, Specify: 6d. \$ 0,00 7. Food and housekeeping supplies 7. \$ 150,00 8. Childcare and children's education costs 8. \$ 0,00 9. Clothing, laundry, and dry cleaning 9. \$ 0,00 10. Personal care products and services 10. \$ 50,00 10. Personal care products and services 11. \$ 15,00 11. Medical and dental expenses 11. \$ 15,00 12. Transportation, include gas, maintenance, bus or train fare. 12. \$ 120,00 13. \$ 25,00 14. **Charlable contributions and religious donations 14. \$ 20,00 15. Insurance. 16. Charlable contributions and religious donations 16. Life insurance 17. **Do not include insurance deducted from your pay or included in lines 4 or 20. 18. Life insurance 19. **So 0,00 19. **Do not include trainsurance in the contributions and religious donations 19. Health insurance 19. **So 0,00 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations 19. **Life insurance in the contributions and religious donations in the contributions and	6.	Utilities:				
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23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23b. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly net income.  23c. \$ 1,494.00  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.					•	4 590 00
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23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 1,494.00  24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.	23.	Calculate yo	ur monthly net income.		Service Service	
23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$ 1,494.00  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.		23a. Copy li	ne 12 (your combined monthly income) from Schedule I.			The state of the s
The result is your monthly net income.  23c.   Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.		23b. Copy y	our monthly expenses from line 22c above.	23b.	-\$	1,580.00
The result is your monthly net income.  23c.   Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.						
24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.				230	\$	1 494 00
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.		The re	sult is your monthly net income.	230.	•	1,101.00
	24.	For example, o modification to	o you expect to finish paying for your car loan within the year or do you expect yo	you file this our mortgage	s form? payment to incre	ease or decrease because of a
Yes. Explain here:						
		☐ Yes.	Explain here:			

### United States Bankruptcy Court Western District of New York

In re	Edward Ryan Church	Case No.	1-18-10683		
		Debtor(s)	Chapter	13	

**BUSINESS INCOME AND EXPENSES Real Estate Broker 1099 Income** FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.) PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS: 1. Gross Income For 12 Months Prior to Filing: PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME: 2. Gross Monthly Income 2500 PART C - ESTIMATED FUTURE MONTHLY EXPENSES: 3. Net Employee Payroll (Other Than Debtor) 0.00 4. Payroll Taxes 0.00 5. Unemployment Taxes 0.00 6. Worker's Compensation 0.00 7. Property Taxes 0 8. Inventory Purchases (Including raw materials) 0.00 9. Purchase of Feed/Fertilizer/Seed/Spray 0.00 10. Rent (Other than debtor's principal residence) 0.00 11. Utilities 75 12. Office Expenses and Supplies 39 13. Repairs and Maintenance 0 14. Vehicle Expenses 412 15. Travel and Entertainment 32 16. Equipment Rental and Leases 0.00 17. Legal/Accounting/Other Professional Fees 0 18. Insurance 0 Mortgage Payment 20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify): TOTAL DESCRIPTION 21. Other (Specify): Miscellaneous Advertising (46), Board Dues & Licenses (72), Training (9), Bus. Gifts (28) Tolls (3) = 158 22. Total Monthly Expenses (Add items 3-21) PART D - ESTIMATED AVERAGE NET MONTHLY INCOME: 23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2)

Note: Debtor has 30 years of real estate sales experience. With the closing of his restaurant business in April 2018, Debtor now has more time to devote to his real estate practice and anticipates the average monthly income once the "pipeline" of business builds up in the next 4-6 months.

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### United States Bankruptcy Court Western District of New York

In re	Edward Ryan Church			1-18-10683	
		Debtor(s)	Chapter	13	

## BUSINESS INCOME AND EXPENSES Rental - 50 Central Ave Lancaster

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.) PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS: 1. Gross Income For 12 Months Prior to Filing: PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME: 3800 2. Gross Monthly Income PART C - ESTIMATED FUTURE MONTHLY EXPENSES: 0.00 3. Net Employee Payroll (Other Than Debtor) 4. Payroll Taxes 0.00 0.00 5. Unemployment Taxes 6. Worker's Compensation 0.00 0.00 7. Property Taxes per proof of claim 0.00 8. Inventory Purchases (Including raw materials) 0.00 9. Purchase of Feed/Fertilizer/Seed/Spray 0.00 10. Rent (Other than debtor's principal residence) 0.00 11. Utilities 12. Office Expenses and Supplies 0.00 13. Repairs and Maintenance 0.00 0.00 14. Vehicle Expenses 0.00 15. Travel and Entertainment 0.00 16. Equipment Rental and Leases 17. Legal/Accounting/Other Professional Fees 0.00 18. Insurance -150 0.00 19. Employee Benefits (e.g., pension, medical, etc.) 20. (mortgage payed out of plan)

DESCRIPTION TOTAL

21. Other (Specify): Miscellaneous

DESCRIPTION TOTAL

22. Total Monthly Expenses (Add items 3-21)

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2)

\$ 3650

Debtor has lease agreement for \$3,800 monthly however the income has not been included in Debtor's income at this time because property is jointly owned by the Debtor and the Trust entity of Debtor's Brother and Sister-in-law. The lease income is subject to a percentage claim by the Trust and the exact amount is pending at this time. For this reason the income has not been included on the Debtor's Schedule I.

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150